

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/393,718	09/10/99	709	2756	17887-3-1US

APPLICANT FARZAD NAZEM, REDWOOD CITY, CA; ASHVINKUMAR PATEL, MILPITAS, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

*WLB CN*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

*WLB CN*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

*WLB CN*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/04/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
Verified and Acknowledged <i>Curry</i> <i>WLB</i> Examiner's Initials Initials					

ADDRESS PHILIP H ALBERT  
TOWNSEND AND TOWNSEND AND CREW LLP  
TWO EMBARCADERO CENTER  
8TH FLOOR  
SAN FRANCISCO CA 94111-3834

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FILING FEE RECEIVED  \$445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Printed 06/14/2000

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET N
09/393,718	09/10/1999	709	2758	17887-3-1US

APPLICANT  
FARZAD NAZEM, REDWOOD CITY, CALIFORNIA; ASHVINKUMAR PATEL, MILPITAS,  
CALIFORNIA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED  
\_\_\_\_\_  
MAK      CW

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED  
\_\_\_\_\_  
MAK      CW

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED  
\_\_\_\_\_  
MAK / CW

FOREIGN FILING LICENSE GRANTED 10/04/1999

SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes <input checked="" type="radio"/> no O yes <input checked="" type="radio"/> no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDE CLAIMS
Verified and acknowledged	_____ Examiner's Name      Initials	CA	7	9	2

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